

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211520408

1.) CORPORATION NAME:

THE BUSINESS BANK

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BARRY K BEDFORD

1861 WIEHLE AVE SUITE 300

PO BOX 9025

RESTON, VA 20195

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **9/30/2011**

SCC ID NO: **02336410**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	850,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 133 MAPLE AVE EAST

CITY/ST/ZIP: VIENNA, VA 22180-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
HAROLD C. RAUNER	PRESIDENT/CHAIR	133 MAPLE AVE EAST	VIENNA, VA 22180-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHARON STAKES	DIR/EXEC VP	133 MAPLE AVENUE EAST	VIENNA, VA 22180-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LISA PORTER	EVP/S/CFO	133 MAPLE AVENUE EAST	VIENNA, MD 22180-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROBERT E CARPENTER SR	DIRECTOR	6809 ROSEMONT DRIVE	MCLEAN, VA 22101-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHARLES EVANS	DIRECTOR	8480-I TYCO RD	VIENNA, VA 22182-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL F DESMARAIS DIRECTOR 6720 CURRAN ST MCLEAN, VA 22101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R MOTZ DIRECTOR 8456-A TYCO RD VIENNA, VA 22182-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL P MULLEN DIRECTOR 9700 MILL RUN DR GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT W PITTS DIRECTOR 8304-A OLD COURTHOUSE RD VIENNA, VA 22182-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFERY T VALCOURT VICE CHAIRMAN 8260 GREENSBORO DR, STE 425 MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURENCE T BAKER EVP LENDING 133 MAPLE AVE EAST VIENNA, VA 22180-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL BEATTIE SVP CREDIT 133 MAPLE AVE EAST VIENNA, VA 22180-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL E EDMONDS SVP OPS 133 MAPLE AVE EAST VIENNA, VA 22180-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY FREY VP LOAN ADMIN 133 MAPLE AVE EAST VIENNA, VA 22180-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMANDA PIERSON VP LOAN ADMIN 133 MAPLE AVE EAST VIENNA, VA 22180-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ LISA PORTER</u>	<u>LISA PORTER, EVP/S/CFO</u>	<u>9/5/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		